

MOUNT CARMEL COLLEGE OF NURSING

GRADUATE PROGRAM

2018-19 ADMISSION APPLICATION

PLEASE SELECT GRADUATE TRACK: (check one)

- MASTER OF SCIENCE**
 POST MASTER CERTIFICATE

PROGRAM TRACK: ADULT GERONTOLOGY ACUTE CARE NURSE PRACTITIONER (AGACNP)
 FAMILY NURSE PRACTITIONER (FNP)
 NURSING ADMINISTRATION
 NURSING EDUCATION (ONLINE)

- DOCTOR OF NURSING PRACTICE**

HAVE YOU EVER APPLIED TO MOUNT CARMEL COLLEGE OF NURSING (MCCN) IN THE PAST?

- NO
 YES Year _____ (If you previously applied and paid your application fee, it is not required again.)

SOCIAL SECURITY NUMBER _____ - _____ - _____

LAST NAME _____ PREVIOUS NAME (S) if any _____

FIRST NAME _____ MIDDLE NAME _____ SUFFIX (e.g. Jr., II) _____

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERMANENT ADDRESS (if different from local address) _____

APARTMENT NUMBER _____ P.O. BOX NUMBER _____

CITY _____ STATE _____ ZIP _____

COUNTY OF PERMANENT RESIDENCE _____ COUNTRY (IF OTHER THAN USA) _____

EMAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ FAX _____



**FOR REPORTING PURPOSES ONLY:
MARITAL STATUS:**

- Unmarried Married

GENDER:

- Male Female

DATE OF BIRTH:

____/____/____

RACE/ETHNICITY:

MCCN is asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college community, to describe the aggregate racial/ethnic backgrounds of our students. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic/Latino?

- Yes No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

RELIGIOUS AFFILIATION:

Please check one:

- Buddhist Muslim
 Catholic Protestant
 Greek Orthodox Other _____
 Hindu No Affiliation
 Jewish

Would you like to receive the forms for financial assistance consideration?

Please note: Need-based financial assistance is only available to U.S. Citizens and Permanent Residents.

- Yes No

Are you a veteran? Yes No

Branch of Service _____

Are you an eligible dependent of a veteran?

- Yes No

Are you currently on active duty?

Service Dates To _____ From _____

Exit Status _____

National Guard Yes No

Reserves Yes No

LEGACY STATUS:

Are any family members MCCN Alumni?

- Yes No

If so, please list name(s):

ACADEMIC INFORMATION

RN LICENSURE: Ohio # _____

LIST ANY OTHER STATES OF ACTIVE LICENSURE _____

COLLEGE WHERE YOU RECEIVED YOUR BACCALAUREATE IN NURSING _____

YEAR OF GRADUATION _____

APRN LICENSURE # (if applicable) _____

ADDITIONAL ACADEMIC EXPERIENCE

List ALL OTHER colleges attended at which you have taken courses for credit, beginning with the most recent. *Attach additional sheets as needed.*

| Institution (Please list all institutions) | City/State | First-Last Dates of Attendance | Degree Earned |
|--|------------|--------------------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

MUST CHECK ONE FOR EACH QUESTION:

Yes No The law regulating the practice of nursing states that the Ohio Board of Nursing may deny a convicted felon a license or the privilege of sitting for the examination (Section 4723.28 of the Revised Code). Do you have a felony conviction record?

Yes No In addition, certain clinical agencies may deny clinical access to persons convicted of specific misdemeanors. Do you have a misdemeanor conviction record?

MUST BE READ AND SIGNED: I certify that I have provided accurate information in this application and that the essay and other materials submitted are my original/official work. I authorize the verification of my credentials for admission. Accordingly, I understand and agree that any misrepresentation or omission of facts in my application will justify the refusal of admission consideration, cancellation of admission and/or dismissal from the college. If I am admitted to Mount Carmel College of Nursing (MCCN), I understand and agree that the College may rescind my admission at any time prior to my enrollment in the event that I should engage in conduct or behavior which, in the judgment of the administration, would constitute a violation of the College's Code of Conduct. I agree that all information supplied in this application and in any documents received in connection with this application becomes and shall remain the property of MCCN and, except as required by law, I shall have no rights with respect to such documents or to the information contained therein. The college also reserves the right to revoke any degree or certification that it may have awarded in reliance on any information contained in my application materials for admission if it subsequently transpires that this information was fraudulent misrepresentation of fact.

Applicant's Signature (Required) _____ Date _____

Mount Carmel College of Nursing believes that certain functional abilities and performance standards are necessary for the safe practice of professional nursing.

These include:

- the ability to see, hear, touch, smell and distinguish colors
- the ability to speak and write with accuracy, clarity and efficiency
- manual dexterity (gross and fine movements)
- the ability to learn, think critically, analyze, assess, solve problems, and reach judgement
- emotional stability and the ability to accept responsibility and accountability

Students will need to demonstrate satisfactory application of these functions and competencies during their course of study in nursing. Students should consider their ability to demonstrate these functions and competencies when applying for admission to Mount Carmel College of Nursing.



MOUNT CARMEL
College of Nursing

